

than one year and 7 (15%) reported billing for 1–3 years. Nine (20%) reported billing Third Party Payers and 5 (11%) reported providing patients an invoice to bill their insurance carrier. Thirteen (28%) responded that they charge a flat fee and 11 (24%) documented how their intervention saves the patients and insurance companies money. Twenty-eight (61%) responded that their workload limits the amount of PCS that can be provided. Five (11%) reported that provision of PCS is not recognized by their state. Thirty-four (73%) were not given any incentives for providing PCS and 30 (65%) spend over 60 minutes per day on providing PCS. Thirty-five (76%) strongly agree that PCS enhances their relationship with patients, 20 (43%) strongly agree that it is easy to contact prescribers, 19 (41%) strongly agree that providing PCS enhances their relationship with their patients' prescribers, and 28 (61%) strongly disagree that providing PCS interferes with the pharmacist-prescriber relationship. **CONCLUSION:** The above response rates are indicative of the issues that Ambulatory Care Pharmacists at US Schools of Pharmacy deal with. Further surveys should be taken to study the trends of reimbursement to ambulatory-care Pharmacists at US Schools of Pharmacy.

PHP42**EVALUATION OF AN INTEGRATED WORKERS' COMPENSATION/HEALTH INSURANCE PHARMACY BENEFIT PROGRAM: SATISFACTION, HEALTH OUTCOMES, AND POTENTIAL COST SAVINGS**

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OBJECTIVE: In response to rising medical costs in its workers' compensation, New York State developed an integrated workers' compensation/health insurance pharmacy benefit program, ONECARD Rx, to benefit from various cost containment strategies used by these plans. Implemented in January 1998, the program allowed State employees to use their health insurance coverage to purchase drugs for work-related injuries and illnesses. The objective of this study is to examine the program's effect on quality through evaluating member satisfaction and health outcomes, as well as estimating potential cost savings. **METHODS:** All 462 users identified were mailed a survey. A sample consisting of 1514 nonusers was surveyed. An assessment of the perceived importance and desirability of various elements of ONECARD Rx was assessed. Also, a comparison of users' and nonuser's satisfaction with their respective prescription drug plans, health status and time to return to work was conducted between the two groups. Potential cost savings were estimated based on the different scenarios of projected use of the program by WC claimants in the system.

RESULTS: Results from the survey show that over 80% of ONECARD Rx users rated their prescription drug program excellent, very good, or good compared to 47% eligible users ($p < 0.001$). A marginally significant difference was detected between the two groups in health status, with users reporting better health. Findings show that the three most liked features of the benefit included requiring no co-payment, no separate forms (from non-employment-related injuries and illnesses), and utilization history review to identify adverse interactions with other drugs. The analysis of potential cost savings revealed that a 30–36% reduction in costs could be achieved assuming that of ONECARD Rx is used by all WC claimants. **CONCLUSION:** Strategies dealing with increases in WC prescription drugs should primarily aim at improving the quality of care delivered to workers, and doing so in a cost-effective manner.

PHP43